

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		2			1		
8		1			1		
9							
10		1					
11		1					
12		1					
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48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	1						
TOTAL CLAIMS	13						

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS